UNIVERSITY OF HAWAII  
Office of Research Services  
Prior Approval Form

Principal Investigator  
Funding Agency  
Award Number  
Current Budget Period

Type of Action:  
☐ I) Rebudget  
☐ II) No-Cost Extension  
☐ III) Other (describe in box below)  
☐ IV) Preaward Costs (For PHS-funded projects, Investigator (including any Key Personnel) must have completed ORS FCOI training prior to incurring such expenditures)

Description and Justification for Request:

I) Budget line-item(s) change(s)

<table>
<thead>
<tr>
<th>Budget Period Affected</th>
<th>From:</th>
<th>To:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II) No-Cost Extension

Indicate extension period  
From:  
To:  

Principal Investigator Signature  
Date  
Fiscal Authority Signature  
Date

Approved  
Yaa-Yin Fong  
Director, Office of Research Services  
Date